10/821.852

CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	The second secon									Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS minus 20 = "	· · · · · · · · · · · · · · · · · · ·														
TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT INDEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II CLAIMS AS AMEN												OR	OTHER THAN		
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MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * MINUSET PRESENT AMENDMENT PREVIOUSLY PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * Total	TOTAL CHARGEABLE CLAIMS			14 minus 20=					XS 9=			1	-	 	
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* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II **CLAIMS AS AMENDED - PART II **CLAIMS REMAINING AFTER PREVIOUSLY PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **COlumn 1)** **COlumn 2)** **COlumn 3)** **COlumn 3)** **COlumn 1)** **COlumn 2)** **COlumn 3)** **COlumn 4)** **COlumn 3)** **COlumn 3)** **COlumn 3)** **COlumn 4)** **COlumn 3)** **COlumn 3)** **COlumn 4)** **COlumn 3)** **COlumn 3)** **COlumn 4)** **COlumn 3)** **COlumn 4)** **COlumn 3)** **COlumn 3)** **COlumn 4)** **COlumn 4)** **COlumn 3)** **COlumn 4)** **COlumn 4)** **COlumn 3)** **COlumn 4)** **COlumn 4)** **COlumn 4)** **COlumn 4)** **COlumn 3)** **COlumn 4)** **COlumn 5)** **COlumn 6)** **COlumn 6)** **COlumn 7)** **COlumn 7)** **COlumn 7)** **COlumn 7)** **COlumn 8)** **COlumn 8)** **COlumn 1)** **COlumn 2)** **COlumn 1)** **COlumn 1)** **COlumn 1)** **COlumn 1)**	М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT						╁		OR	A00=		
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** TOTAL ADDIT. FEE

OR ADDIT. IT The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+290=

TOTAL ADDIT. FEE

+145=